

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|-------------|---------|
| FEE DETERMINATION | VT | 69607 48 | 8/28/00 |
| O.I.P.E. CLASSIFIER | | | 8/31/00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | SB | 5222 | 10-5-00 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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1 June

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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